

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000025826

Entity Name: C.K. HAY, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

18950 SE 15TH STREET
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 247
MORRISTON, FL 32668

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MURTY, STEPHEN G ESQ
307 NW THIRD STREET
OCALA, FL 34475 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KIMBALL, CLINT A
Address: 18950 SE 15TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: MGRM () Delete
Name: COCHRAN, KATHY J
Address: 18950 SE 15TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: MGRM () Delete
Name: KIMBALL, STANLEY G
Address: 13151 SE 34TH STREET
City-St-Zip: BRONSON, FL 32621

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEPHEN G. MURTY

ATTY

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date